



# Qualified Provider Calculation Sheet

## 1. INCOME INFORMATION

- a. Pregnant Woman's Income \$ \_\_\_\_\_
- b. Husband's Income (If Married) \$ \_\_\_\_\_
- c. Parent's Income (If living with  
parents and under 18) \$ \_\_\_\_\_
- d. Total (Income) \$ \_\_\_\_\_

2. Compare the TOTAL (1.d.) to the FPL Chart for the Household Size.

3. Is the Pregnant Woman eligible for PE? Yes \_\_\_\_\_ No \_\_\_\_\_

4. If not eligible for PE, give reason for denial:

\_\_\_\_\_ Over Income

\_\_\_\_\_ Not a Wyoming Resident

5. Denial Notice given to Pregnant Woman? Yes \_\_\_\_\_ NO \_\_\_\_\_

6. ELIGIBLE FROM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ENDING \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

7. QUALIFIED PROVIDER NAME \_\_\_\_\_

PHONE \_\_\_\_\_

Household Size	2	3	4	5	6	7	8	9	10	11	12	13 Or more
154% FPL	\$2,045	\$2,579	\$3,113	\$3,646	\$4,180	\$4,714	\$5,248	\$5,782	\$6,316	\$6,850	\$7,384	Add \$534 Each